24 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8570

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 222

City Springfield (No. 443 E Monroe St. Ward)

2. FULL NAME Clara Bain

(a) Residence. No. 443 E. Monroe St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clarence Bain

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 23 - 1884

7. AGE: Years 44 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

PARENTS

10. NAME OF FATHER: Philip Mauer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.Y.
12. MAIDEN NAME OF MOTHER: Julia Howell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ger.

14. INFORMANT: Clarence Bain
(Address) 443 E Monroe

15. FILED 3-27, 1928 O C Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/25 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-24-25, 19..., to 3-25, 1928 that I last saw her alive on 2-25-28, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
Apoplexy
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)
Hypothyroidism (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 60 A

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical

(Signed) Mary Jean Atherton, M.D.
3/26, 1928 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: East Lawn Cem. — DATE OF BURIAL: 3 — 1928

20. UNDERTAKER: W Horne — ADDRESS: Market

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.